

MISSOURI DIVISION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. **13220**

FILED APR 21 1948
 Registration District No. **5**

Primary Registration District No. **4275**

Registrar's No. **32**

1. PLACE OF DEATH:

(a) County **LAWRENCE**
 (b) City or town **MARIONVILLE**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
METHODIST HOME FOR THE AGED **5**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community **11 MONTHS** (Specify whether
 years, months or days)

3. (a) PRINT
 FULL NAME

TESSIE SUTTON CHASE

3. (b) If veteran,
 name war.....

3. (c) Social Security No.

4. Sex **FEMALE** 5. Color or race **WHITE**
 6. (a) Single, widowed, married, divorced **WIDOWED**
 6. (b) Name of husband or wife **C. J. CHASE**
 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased **AUGUST 29 1869**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 **7** **9** hr. min.

9. Birthplace **SANTA ANA** **CALIFORNIA**
 (City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business.....

12. Name **S. W. SUTTON**
 13. Birthplace **NOT KNOWN** (City, town, or county) (State or foreign country)
 14. Maiden name **NOT KNOWN**
 15. Birthplace **NOT KNOWN** (City, town, or county) (State or foreign country)

16. (a) Informant **DR WM TISDALE**

(b) Address **MARIONVILLE MO.**

17. (a) **REMOVAL** (b) Date thereof **4/10/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **BRECKENRIDGE MO.**

18. (a) Signature of funeral director **J. B. Hurridge**
 (b) Address **MARIONVILLE MO.**

19. (a) **4-10-48** (b) **Oran Mc Nott**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **LAWRENCE** **55**
 (c) City or town **MARIONVILLE**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **METHODIST HOME FOR THE AGED**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **8**
 year **1948** hour **4** minute **00** P. M.

21. I hereby certify that I attended the deceased from **Sept 24** 19**47** to **April 8** 19**48**
 that I last saw him alive on **April 1** 19**48**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of colon - 3 yrs**
 Duration

Due to **Peritonitis & Lungs**

Due to.....

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations **16E**
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
 (b) Date of occurrence.....
 (c) Where did injury occur?..... (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) Means of injury.....
 23. Signature **A. P. Giddens** (M. D. or other) **0**
 Address **Marionville, Mo.** Date signed **4-10-48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. 6;

District File Number 448-461

Date Filed APR 20 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William A. Fulk....., Registered Apprentice No. 29.....
working under my personal supervision.

Signed, Herman Hurridge

Licensed Embalmer No. 3072

P. O. Address Marionville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above. .